



**DOMESTIC AND FOREIGN  
LIMITED LIABILITY COMPANY  
ANNUAL REPORT**  
SECRETARY OF STATE  
SFN 50060 (09-05)



(Limited Liability Company name, registered agent name and address)

**2005**

FOR OFFICE USE ONLY

ID#	Postmark:		
WO#			
Filed:	By:	Amount:	
Attached: <input type="checkbox"/> Registered Agent Change <input type="checkbox"/> Other <input type="checkbox"/> Other Annual Reports <input type="checkbox"/> Amendments			

**REPORT DUE NOVEMBER 15, 2005**

See instructions for EXTENSIONS

**1. FILING FEES:**

**\$ 50.00** if postmarked on or  
before November 15, 2005

**\$100.00** if postmarked after  
November 15, 2005, unless an  
extension is granted.

2. State or Country of Origin:

TYPE OR PRINT LEGIBLY OR USE ELECTRONIC FILING OPTION (SEE #11)

For reference, see North Dakota Century Code, Section 10-32-149.

SEE PAGE 3 FOR INSTRUCTIONS, FEES, FILING AND MAILING INFORMATION

3. Business activities actually engaged in in North Dakota:

4. Federal ID number:

5. Telephone number:

6. Address of principal executive office: (Street/RR, PO Box, City State, Zip + 4) If incorrect, cross out and correct as necessary. Address cannot only be a post office box.

**7. MANAGERS, GOVERNORS, OR MANAGING MEMBERS OF THE LIMITED LIABILITY COMPANY**

■ Check box if Manager also serves as Governor

MANAGERS	NAME	GOVERNOR	COMPLETE MAILING ADDRESS				
			Street/RR	PO Box	City	State	Zip+4
PRESIDENT		<input type="checkbox"/>					
VICE PRESIDENT		<input type="checkbox"/>					
VICE PRESIDENT		<input type="checkbox"/>					
SEC/TREA		<input type="checkbox"/>					
SECRETARY		<input type="checkbox"/>					
TREASURER		<input type="checkbox"/>					
GOVERNOR							
GOVERNOR							
MANAGING MEMBER							
MANAGING MEMBER							

8. "The undersigned has read the foregoing annual report, knows the contents, and believes the statements made to be true."

Signature:

Date:

(Go to Page 2)

9. Name of person to contact about this report:	Contact Person's E-Mail Address:	Daytime telephone # <u>and extension, if any:</u>
10. Provide the name and mailing address where the report could be returned if necessary, for corrections, additional information, or payment.		
ATTN: _____		
Business / Firm Name: _____		
Mailing Address: _____		
_____		
City	State	Zip

## 11. ELECTRONIC OPTIONS FOR COMPLETING REPORT:

An exact duplicate of this report, with the same preprinted data and instructions, is available on the Secretary of State's website at [www.state.nd.us/sec](http://www.state.nd.us/sec). The form is fillable and prompts the filer through the completion of the report, which minimizes errors or omissions. The report can then be printed and sent, along with the appropriate fee, to the Secretary of State.

To access the report, go to [www.state.nd.us/sec](http://www.state.nd.us/sec) and click on Business Services in the left menu. Then, follow this screen-clicking path: Business Registrations; scroll down to Limited Liability Company, Domestic Forms, and the Domestic and Foreign LLC Annual Report for the current year. On the entity name search screen, enter all or part of the LLC name or the LLC ID number located in the box on the top right corner of page 1of this report. When you have found your LLC name, click on PDF icon in the right column to access the fillable form.

If your LLC prefers the fillable option, you may choose to have a postcard notice sent annually to the LLC's registered agent instead of receiving this entire packet. The postcard will inform the registered agent that the LLC's annual report is due. It will provide directions to the Secretary of State's website to access a duplicate of the report form and instructions that you would have received in the mail. To select the postcard notification option, please fill in the appropriate circle following the question.

For future reporting periods, do you authorize the Secretary of State to send a postcard informing the LLC that its annual report is due and available on the Secretary of State's website?

☐ YES      OR      ☐ NO



## CREDIT CARD PAYMENT AUTHORIZATION

SECRETARY OF STATE

SFN 51478 (06-03)

(All items required to complete transaction)

Name:															
Address:								City:				State:		Zip Code:	
<input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Discover															
Account Number: 								V # 		Card Expires: Month   Year   -		Signature: (Required by credit card companies)			
												Date:			

Mailing Address: Annual Report Processing Center  
Secretary of State  
State of North Dakota  
600 E Boulevard Avenue, Dept. 108  
PO Box 5513  
Bismarck ND 58506-5513

Fax # : 701-328-2992

## INSTRUCTIONS FOR DOMESTIC AND FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT - 2005

The annual report must conform to the requirements of North Dakota Century Code, Section 10-32-149. Submission of the report does not constitute "filing" the annual report. It is imperative that the report be completed in its entirety according to the following instructions. If the report must be returned for additions or corrections, the limited liability company may be subject to late filing penalties.

### INSTRUCTIONS FOR COMPLETING PAGE 1:

On this report form, do not make changes to the state of origin, limited liability company name, or the name and address of the registered agent.

**Limited Liability Company Name:** The limited liability company's name is pre-printed on the form exactly as it is stated in the limited liability company's Articles of Organization or in the Certificate of Authority of a foreign limited liability company. By law, a limited liability company may only change its legal name by filing an amendment to the Articles of Organization or an amended Certificate of Authority of a foreign limited liability company. The Secretary of State does not prescribe a form for an amendment to the Articles of Organization. A foreign limited liability company may contact the Secretary of State's Business Division for the form for Amended Certificate of Authority.

**Registered Agent/Agent's Address:** By law, all limited liability companies must continuously maintain a registered agent and have the name and address of that registered agent on file with the Secretary of State. The name pre-printed under the limited liability company name at the top of the report is the name of the registered agent currently on file with the Secretary of State. A Registered Agent/Office Statement of Change form is enclosed to be completed if the limited liability company needs to change either the registered agent or the address of the registered agent. If a change is not required to either the registered agent or the registered agent's address, the Registered Agent/Office Statement of Change form can be discarded.

The following numbers correspond to the numbered sections on the front of this form.

1. **DUE DATE:** The report is due on or before November 15, 2005.

**FILING FEE:** The report filing fee is \$50 if the report is postmarked on or before November 15, 2005 or \$100 if post marked after November 15, 2005.  
(Checks must be payable to "Secretary of State" and must be for U.S. negotiable funds. Payment may also be made by credit card using VISA, Master Card, or Discover.)

**NONREFUNDABLE FEE:** The Fifty-Ninth Legislative Assembly passed House Bill 1391 which included a provision making annual report filing fees and late filing fees nonrefundable when a limited liability company submits an annual report and fails to provide sufficient information or fees to enable the Secretary of State to file the annual report. The nonrefundable fees are credited to the state general fund. House Bill 1391 was effective July 1, 2005.

**EXTENSION:** If for any reason the report cannot be submitted by November 15, 2005, an extension of the filing date may be granted by the Secretary of State. The extension must be requested in writing and be postmarked on or before November 15, 2005. Requests may be faxed to 701-328-2992. Faxed requests will be granted if received on or before November 15, 2005. The request must include the limited liability company ID number which appears in the upper right corner of the report. Request the extension for a specific date on which the report will be filed, but not to exceed five months from the due date. A limited liability company will be granted only one extension request.

2. The state or country of origin of the limited liability company has been preprinted on the form. No changes or additions are required to this item.
3. Provide the business activities in which the limited liability company is actually engaged in North Dakota.
4. To properly maintain limited liability company records, the Federal ID number is required. This number has been provided if the Federal ID number was previously reported. Correct that number if not correctly reflected. Provide the Federal ID number if this item is blank.

**Privacy:** In compliance with N.D.C.C., Section 10-32-153.1, the disclosure of the Federal ID number on this form is voluntary. The number is not disclosed to the public. The number is used by the Secretary of State to maintain accurate limited liability company files. Therefore, while voluntary disclosure is requested, failure to do so will not result in rejection of the annual report.

## INSTRUCTIONS FOR DOMESTIC AND FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT (Cont'd)

5. A telephone number of the limited liability company is required. The telephone number of the limited liability company's executive office as previously reported is preprinted on the form. Change the number if no longer correct.
6. The address of the limited liability company's executive office is preprinted as previously reported to this office. If this address is no longer correct, cross out the incorrect address and provide the correct complete address. This address may not be only a post office box.
7. This report must reflect governors, managers, or managing member(s) of the limited liability company. If the space provided is not adequate, attach a list of additional governors, managers or members. Provide the names and complete mailing addresses.

If a domestic limited liability company provides governors or managers, governors and managers must be individuals, and managers must consist of a president, one or more vice presidents as may be prescribed in the bylaws or operating agreement, a secretary and a treasurer. Any number of managerial positions or functions of those positions may be held or exercised by the same person. When an individual serves in more than one position, make some indication on the report either by note, ditto marks, or some similar indication.

A limited liability company may be member-managed rather than managed by a board of governors.

In this section, as well as all other sections requiring addresses on this report, an address must include a street or rural address, a postal box number if applicable, and the city, state and zip code plus 4.

8. The report must be dated and bear the signature of a person authorized by the limited liability company articles, bylaws or agreement, or by a resolution approved by the Board of Governors or members.

### INSTRUCTIONS FOR COMPLETING PAGE 2:

To process your annual report more efficiently, please provide the following information. It is not a part of the report's legal requirements and will not be retained as a part of the public record.

However, it may allow the Secretary of State's staff to make contact with the right person, either by telephone or e-mail, for expediting additions or corrections to the annual report form without returning it to the filer. If the report must be returned to the filer by regular mail, the following information will make it possible to send it direct to the filer's contact person who can provide a timely response. Occasionally, returned reports are misplaced or misdirected within a filer's office, which sometimes results in the assessment of a late filing fee. Your volunteering the requested information may prevent that from happening and result in faster processing of your report.

9. Provide the name, email address and daytime telephone number of the person to contact for any issues related to this report.
10. Provide the name and mailing address where the Secretary of State should return the report, if necessary, for corrections, additional information, or payment.
11. READ CAREFULLY! Indicate if you elect to be notified by postcard instead of a paper form packet when future annual reports are due.

**ASSISTANCE:** If assistance is required to complete this report, contact the Secretary of State's Business Division.

**FAX FILING:** An annual report and Credit Card Payment Authorization may be faxed to 701-328-2992. When faxing an annual report, maintain the fax transmission log as proof the report was submitted. A faxed filing does not expedite the process of the report in the office of the Secretary of State.

**MAILING INSTRUCTIONS:** Send the report AND filing fee to:

Annual Report Processing Center  
Secretary of State  
State of North Dakota  
PO Box 5513  
Bismarck ND 58506-5513